

HAWAII STATE ETHICS COMMISSION
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LOBBYIST REGISTRATION FORM (Type or Print Clearly)

PARTI LOBBYIST						
NAME(Last)	(First)		(Midale)	TELEPHONE		
Wagner	John (aka	"Keoni")	R.	808-838-6778		
MAILING ADDRESS (Stree				FAX		
3375 Koapaka Sti	reet, Suite G350			808-838-5353		
(City)		(State)		(Zip Code)		
Honolulu		HI		96819		
EMPLOYING ORGANIZATIO	ON (Fill in only if you are emple	oyed by a business entity	which has been rotalned to lo	DEDDY) TELEPHONE		
Hawaiian Airline	es			808-838-6778		
MAILING ADDRESS (Stree	•			FAX		
3375 Koapaka St	reet, Suite G350	,		808-838-5353		
(City)			(Zip Code)			
Honolulu		HI		96819		
PART II ORGANIZATION						
NAME OF ORGANIZATION	1 AON FORRT LOK (no t	not abbreviate)		TELEPHONE		
MAILING ADDRESS (Stree	et)			FAX		
(City)		(State)		(Zip Code)		
NAME OF PERSON RESPON	TOTAL TOTAL PROPERTY OF A PINC C	COALUZATIONIC EVDI	TIME STATEMENT	T		
	ENDITUKES STATEMENT	TELEPHONE				
John (aka "Keon				808-838-6778		
MAILING ADDRESS (Stree				FAX		
3375 Koapaka St	reet, Suite G350)		808-838-5353		
(City)		(State)		(Zip Code)		
Honolulu		HI		96819		

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY											
					<u> </u>						
	Agriculture	1	Education	I	1	Human Services	1 1	Science, Technology & Economic Development			
1 1	Communications & Public Utilities	ļ	Government Operations & Finance	1	1	Intergovernmental Relations, International Affairs		Tourism & Recreation			
1 1	Consumer Protection & Commerce	ļ	Hawaiian Affairs	I	1	Labor & Employment	X	Transportation			
1 1	Culture, Arts, Historic Preservation	1	Health		l	Planning, Land & Water Use Management	1 1	Other: (indicate below)			
	Ecology, Energy Environmental Protection	l	Housing		1	Public Safety & Corrections					
PART	IV CERTIFICATION	OF	LOBBYIST								
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.											
2-13-53											
		(Sigi	lature of Lobbyist)				(Date)				
PART	V AUTHORIZATIO	N TO	LOBBY	-		· · · · · · · · · · · · · · · · · · ·					
PART V AUTHORIZATION TO LOBBY NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED											
Karen A. Berry Vice President - Finance											
NAME	OF ORGANIZATION (if app	licable	TE TE	TELEPHONE							
)	Hawaiian Airlines				•						
Hawaiian Airlines 808-835-3615											
MAILIN	IG ADDRESS (Street)						×				
	3375 Koapaka Str	t	''	808-836-4795							
	33/3 Koapaka Str	==	Suice Good					330 4773			
	(City) (State)						e)	·			
	Honolulu	· · · ·				- ,	96819				
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I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.											
Karen A. Berry Vice President - Finance											
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	Harry X	<u> </u>	Vice Pres			Finance 2/14	03				